MEDICATION ACCOUNT SHEET

DRUG: _____ Ward: _____ Area: _____

Size of tablet: _____ Name: _____

Supply for Daily Ward use:	No. tabs. START of AM Shift	No. tabs. GIVEN on AM Shift	No. tabs. START of PM Shift	No. tabs. GIVEN on PM Shift	No. tabs. START of NW Shift	No. tabs. GIVEN on NW Shift	No. tabs. END of 3 Shifts
Date:							
			S A M P L E P O S T I N G				
May '58							
4							150
150	150	75	375/372*	60	312	10	302
5 300	M.Jones	M.Jones	B.Brown	B.Brown	M.Martin	M.Martin	M.Martin
302	302	70*	330	75	225	5	250
6 100	M.Jones	M.Jones	B.Brown	B.Brown	M.Martin	M.Martin	M.Martin

MEDICATION ACCOUNT SHEET INSTRUCTIONS, cont.

3.0 TECHNICIAN I PM SHIFT (or his/her relief) RESPONSIBILITIES

A. Make an actual count of medications.

B. Compare this count against entry made by AM shift in column marked "No. tabs. START of PM shift", and affix signature.

If a discrepancy is discovered, follow instructions given in item "D", AM shift, except entry will appear in column marked "No. tabs. START of PM shift".

C. Make entry in column marked "No. tabs. GIVEN on PM shift", and affix signature.

D. Make entry in column marked "No. tabs. START of NW shift".

4.0 TECHNICIAN I NW SHIFT (or his/her relief) RESPONSIBILITIES

A. Make an actual count of medications.

B. Compare this cound against entry made by PM shift in column marked "No. tabs. START of NW shift", and affix signature.

If a discrepancy is discovered, follow instructions given in item "D", AM shift, except entry will appear in column marked "No. tabs. START of NW shift".

C. Make entry in column marked "No. tabs. GIVEN on NW shift", and affix signature.

D. Make entry in column marked "No. tabs. END of 3 shifts", and affix signature.

MEDICATION ACCOUNT SHEET INSTRUCTIONS

NOTE TO ALL SHIFTS:

1.0 In addition to the following instructions regarding the posting of a discrepancy between "No. of tabs. START of shift" and the actual count, a red asterisk is to be placed in the proper column. Whenever a red asterisk appears, an explaining remark must be entered on the reverse side of the Medication Account Sheet. The red asterisk is to be used also to indicate other unusual occurences regarding tablet counts, such as - wasted or dropped tablets. When a discrepancy cannot be explained, the Area Supervisor should be notified.

This will be considered a daily inventory of pheno-barbital - 1/4 - 1/2 - 3/4 and 1 1/2 grains -- a separate sheet will be kept for each size tablet. This Medication Account Sheet is to be kept in addition to the Continuous Medication Sheet, which only indicates individual patients receiving medication.

2.0 TECHNICIAN II A.M. Shift (or his/her relief) RESPONSIBILITIES

A. Make all entries in the column marked "Supply for Daily Ward Use". This entry is picked up from the column marked "No. tabs. END of 3 shifts".

B. Make entry in column marked "No. tabs. START of AM shift". (Brought forward from "Supply for Daily Ward use" column.)

C. Make an actual count of medications.

D. Compare this count against entry just made in column marked "No. tabs. START of AM shift", and affix signature.

If a discrepancy is discovered, post the actual count behind the original entry, separating them with a slash mark, as per example:

No. tabs.
START of
AM shift
100/ 92
signature

E. Make entry in column marked "No. tabs. GIVEN on AM shift", and affix signature.

F. Make entry in "Supply for Daily Ward use" column showing the number of tablets issued for daily ward use during AM shift, and affix signature. (This amount added to original amount on hand - less entry in "No. tabs. GIVEN" shows the final total...see "G" below.)

G. Make entry in "No. tabs. START of PM shift", (This entry reflects the balance on hand.)

29E
(1/1/61)

LABORATORY SLIP
INSTRUCTIONS AND SAMPLE

X-RAY

The Ward Doctor usually makes out the request but sometimes instructs the Charge Nurse or Technician to do so.

ROENTGENOLOGICAL CONSULTATION REQUEST

Date: _____ Urgent____Emergency____Routine_____

Name_____Age___yrs. Ward_____Hosp. no.____

Date taken_____Roentgenological Consultation requested_____

_____

Clinical note: _____

_____

_____

_____M.D.

BE SURE YOU UNDERSTAND DOCTOR'S ORDERS. ALWAYS BE SPECIFIC.

NOTE: It is the responsibility of the Ward Charge or his/her designated relief to see that laboratory slips reach the lab.

PREPARATION OF STOOL SPECIMENS FOR DELIVERY TO LABORATORY.

It shall be the duty of the ward charge to supervise this preparation and to instruct the relief charge in such supervision.

1.0 Patient's (or employee's) name should be written on the lid of the container, as well as on the stool specimen slip to accurately identify the person for whom the test is required.

2.0 USE EXTREME CAUTION: This material is highly infectious.

A. Employees, not details, should prepare specimens. Hands should be immediately and thoroughly washed when finished.

3.0 NO SMALLEST SPECK OF STOOL MUST TOUCH THE OUTSIDE OF THE CONTAINER.

Contaminated containers endanger any person touching either the container or the accompanying forms, including technicians, the details who carry it, the laboratory personnel, doctors, nurses or clerks who subsequently handle the forms.

4.0 To guard against contamination, follow these instructions:

A. Do not fill containers too full -- 1/3 full is sufficient.

B. Use extreme care in transferring material to the containers to avoid soiling fingers.

C. If a tongue blade is used to transfer the specimens to the containers, do not scrape it off on the edge of the container -- use another tongue blade to scrape the specimen into the container.

D. If it is suspected the outside of the container has become accidentally soiled, transfer contents to a clean container.

E. Haste in trying to force on the lid results in pinching in the side of the container, so part of the stool escapes.

F. Do not substitute paper for a lid.

G. Do not substitute old jars, bottles, paper cups, etc., for proper containers. This particularly applies to employees sending in their own specimens.

5.0 All specimens must be in the laboratory as early as possible, preferrably in the morning, but NOT LATER than 1:00 P.M. Extremely suspicious stool may be sent in as late as 3:30 P.M., but the Laboratory should be called in this case. (Extremely suspicious stools are not so hard they rattle in the box.)

6.0 When it is raining put specimen and forms in paper bags or other device to prevent the container and the lab forms from getting wet, as this causes the ink to smear and run.

3. Each stool specimen to be examined needs to be classified. Listed below are the various classifications. Be sure the proper classification is entered in the upper left square of the form.

   a. DYSENTERY SUSPECT: To be used when the patient is suffering from the symptoms of dysentery and is ill. It may be abbreviated to "Dys.Susp.". If the patient remains ill, submit at least 3 specimens, which may be on consecutive days.

   b. TREATED PATIENT: Release specimens after treatment are to be labelled according to treatment received. Examples: Amoebic Treated; Flexner Treated; Sonnei Treated; Salmonella Treated.

   c. NEW PATIENT: New patients must have at least 3 specimens with a 3 day interval between each specimen. Mark slips #1 of 3; #2 of 3; #3 of 3. (If forms are made out in advance, please check dates when sending in the specimen.)

   d. PATIENTS RETURNED from any Indefinite Leave or Definite Visit which has extended beyond 30 days: Specify which. Send 3 specimens with a 3 day interval between each specimen. Mark forms #1 of 3, etc., in the same manner as for NEW PATIENT.

   e. PATIENTS TRANSFERRING to other Wards or other Institutions. Specify which. Send 3 specimens with a 3 day interval between each specimen. Mark forms #1 or 3, etc., in the same manner as for NEW PATIENT and PATIENTS RETURNED.

   f. FOOD HANDLERS: Send in 3 specimens with a 3 day interval between each specimen as directed by the Public Health Nurse. Be sure to enter correct dates.

   g. SURVEY PATIENTS: Special surveys will be conducted from time to time. At the beginning of each survey specific instructions will be issued to the wards involved.

   h. DETAILS: 1. In upper right square after ward list patient's home ward. 2. In upper left square under Tests requested, please (a) specify Dys. Susp.", "Food Handler", etc., (b) write in "detail on _____ ward".

   i. EMPLOYEES: Employee specimens are to be marked Dys. Susp. or Amoebic, Flexner, Sonnei or Salmonella Treated. At the top of the slip write the name and phone number of the EMPLOYEE'S PRIVATE PHYSICIAN, as well as the ward doctor.

Note: See page 29-D for instructions regarding Preparation of Stool Specimens for delivery to the laboratory.

G. SPINAL FLUID.

1. In upper left square write Dr.'s orders.

2. When a culture is ordered in addition to the other tests also submit a Bacteriology form.

3. Forms available at C.N.O. as tests are ordered.

H. URINALYSIS.

1. Be sure to check upper left boxes correctly, identifying specimen and tests ordered.

2. If culture is ordered as well as urinalysis, a Bacteriology Form should also be submitted.

3. If culture only is ordered, use Bacteriology form only.

I. BACTERIOLOGY.

1. Be sure to indicate in upper left square the source of the material, as "Throat culture", "Urine Culture", "Spinal Fluid for Culture", "Gastric washings for AFB Culture", "pus from boil for culture", etc.

2. Use this form for all cultures and/or smears, WITH THE EXCEPTION OF STOOL CULTURES, SEE K BELOW.

3. Use this form in addition to other forms required if culture is ordered in addition to other tests on the same specimen, as may be the case in Spinal Fluids, Urines, etc.

4. Use one Bacteriology form for each kind of culture ordered. Example: the Doctor orders a "routine culture" and "AFB (or Tbc) culture", make out separate Bacteriology forms for each.

5. When gastric wash is ordered, specimen and Bacteriology form must be in the lab before Thursday.

J. SENSITIVITIES.

1. In upper left square write Dr.'s order.

2. Make out one form for Sensitivities and one for Bacteriology whenever the Doctor orders "Culture and Sensitivities".

3. Forms available at C.N.O.

K. STOOL.

1. Please adhere very carefully to the following instructions. If these instructions seem incomplete or if you do not understand them, call the lab for further instructions.

2. All stool specimens are to be sent to the lab on Monday, Tuesday, Wednesday and Thursday. ONLY EMERGENCY STOOL SPECIMENS ON FRIDAY AND SATURDAY. ALWAYS CALL THE LAB, EXT. 332, ON EMERGENCY STOOL SPECIMENS.

5.0 List of all Lab forms available.

A. BLOOD CHEMISTRY I)
B. BLOOD CHEMISTRY II)

Please Note: There are two separate request forms. Be sure you have the correct form for the test ordered by the Doctor.

1. In upper left square write Dr.'s orders.

2. Unless specifically requested by the Doctor as an emergency, Blood Chemistries are done WITHOUT BREAKFAST ON Monday, Wednesday and Friday mornings between 8:00 and 9:00. This time does not apply to blood counts, sedimentation rates, blood typing, P.B.I., etc.

3. If a Blood Chemistry test ordered does not appear printed on either I or II, please write in test ordered on II.

C. GASTRIC ANALYSIS.

1. In upper left square write Dr.'s orders.

2. Use this form for gastric analysis, i.e. acid, blood and all other components of gastric juice.

3. If gastric wash for AFB(Tbc) is ordered, use Bacteriology form ONLY. (See I - 5.)

4. Forms available at C.N.O. as tests are ordered.

D. HEMATOLOGY.

1. In upper left square write Dr.'s orders.

2. A CBC includes the following tests: P.C.V., W.B.C., Hemoglobin and Differential.

E. BLOOD MATCHING.

1. In upper left square write Dr.'s orders.

2. When Blood Type and Cross Matching are ordered use Blood Matching form.

3. When more than one unit of blood is requested, make separate Blood Matching forms for each unit.

4. In filling out Blood Matching form, patients name is the patient requiring the blood.

5. Forms available at C.N.O. as tests are ordered.

F. SEROLOGY

1. In upper left square write Dr.'s orders.

2. When blood type and/or Rh factor tests are ordered, use Serology form.

3. Forms available at C.N.O. as tests are ordered.

PROCEDURE FOR HANDLING LAB FORMS

1.0 Primarily each lab test has a lab request form for that test. If there is no printed form for the type of test you require, use the Miscellaneous form.

2.0 It shall be the duty of the ward charge to send properly completed lab forms to the laboratory, and to instruct the relief charges in the performance of this duty. When in doubt, call the laboratory, extension 332.

3.0 Instructions for filling out lab request forms (set of three).

A. Fill out upper right square: (Use ball point pen and PRESS HARD)

Patients name - Last name first, using complete first name, not just initial.

Hospital - S.S.H.

Case Number - Be accurate.

Ward - By name.

Date - If for some reason lab form is not sent in when first made out, be sure to correct date.

B. Fill out upper left square:

Write request for Dr.'s order. DO NOT write in space where Lab Technician writes results. Confine writing to upper squares only.

Fill in Doctor's name and Technicians initials.

C. Be sure you understand the Doctor's orders. Be specific. Be sure you know what the Doctor wants. Do not request any test unless ordered by the Doctor, even though you think it would be a good idea.

D. When in doubt, call the laboratory, Ext. 332, for clarification of any questions about the lab forms.

E. See para. 5.0 below for description and any special instructions on lab forms. All lab forms listed are available, either in ward supplies or in Central Nursing Office.

3.1 PLEASE NOTE: Be sure all entries appear on all three copies.

3.2 Send all three copies of the lab form to the lab. DO NOT REMOVE CARBON PAPER.

4.0 Instructions for sending patients to the laboratory.

A. Make sure each patient has a properly made out set of forms.

B. If the patient does not know his own name, see he is accompanied by someone who does.

C. If the person accompanying the patients does not know each one by name, pin a label on the back of each patient's clothing.

CENTRAL SUPPLY

AT CHAMBERLAIN HOSPITAL

Open 24 hours daily

1.0 Use Central Supply Book to order:

Ace Bandages	Restraint (camisoles)
Adhesive Tape	Rubber Enema Tubes
Band Aids	Rubber Gloves
Gauze	Rubber Rings, etc.
Gauze Squares	Thermometers
Gooseneck Lamps	Tongue Blades
Medicine Glasses	or any special equipment

2.0 Order by ward doctor can be gotten at any time.

PHYSICIAN'S REPORT

INCIDENT CORRECTLY REPORTED:

Yes ☐ No ☐

Additional History: _____

_____

_____

_____

Findings and Treatment Given: _____

_____

_____

_____

_____

INCIDENT SHOULD BE INVESTIGATED FURTHER:

Yes ☐ No ☐

Reasons: _____

_____

_____

Date_____ Hour_____ Signed by_____, M.D.

COMMENTS OR ACTION TAKEN: _____

_____

_____

_____

_____

_____

Date_____ Hour_____ Reviewing Officer_____, M.D.

(Clinical Director or Assistant Superintendent)

56677 8-57 100M ④ SPO

FORM 717 (REV. 12-55)

STATE OF CALIFORNIA
DEPARTMENT OF MENTAL HYGIENE

26

SONOMA STATE HOSP.
(HOSPITAL)

SPECIAL INCIDENT REPORT

Sample

Whenever an incident occurs that is either physically or psychologically harmful to a patient, such as abuse, accident, assault, escape, injury, suicide, etc., an immediate investigation shall be made and a report written by the employees listed on this form.

WARD #57 - Slater DATE 3-10-59 HOUR 2:15 AM

PATIENTS INVOLVED

Name Brown, Jane Case No. 23456

Name Case No.

Name Case No.

Name Case No.

DESCRIPTION OF INCIDENT IN DETAIL

Jane, Brown, an epileptic patient, had a siezure during which she fell out of bed. She hit her head against the adjoining bed and received a three-inch cut on her chin. Bleeding was profuse. Dr. X. - O.D. was notified at 2:25 AM and responded at 2:40 A. M. Pressure had been applied to the area until the Doctor arrived.

WITNESSES OR ASSISTANTS:

Mary Smith

Jane Black

Joan Grey
Employee in charge of patient at time of incident

INVESTIGATION OF SUPERVISOR

I hereby certify that I have made a careful investigation of the occurrence noted above, including examination of the patient, and I find:

(This space to be filled in by the Supervisor in charge of the area where the incident occurred. If the patient is on off ward activity of any kind, the Supervisor of the area to which the patient is entrusted will complete this information.)

Date Hour [SIGNED]
Supervisor

(OVER)

FORM 717—SPECIAL INCIDENT REPORT

6.0 continued)

Distribution of the remaining three sheets is as follows: The original copy goes to the Reviewing Officer (i.e. Asst. Superintendent, Medical or Psychiatric). One copy goes to the patient's ward. In all cases this copy of the incident report, which is to be filed in the patient's ward chart, is to be held in the charge's office until initialed by the ward physician and only then shall the report be filed in the patient's ward folder. If the incident occurs while the patient is entrusted to some department other than Nursing Service and the "Investigation of the Supervisor" has been completed by other than Nursing Services personnel, the last copy goes to that Supervisor's office, for his/her file. Otherwise, this last copy is an extra to be held on the ward for a couple of weeks. It may be used for immediate reference and then may be destroyed.

Miscellaneous Instructions:

7.0 If two or more patients are involved in the incident, one report is made out for each patient. Each report should reflect all patients involved with the name of the patient for which each report is made appearing first.

8.0 If the incident occurs off the ward, and the attending physician decides it is necessary to send the patient to the hospital, the ward is to be notified immediately and the medical record sheet is to be immediately sent to the hospital for the Doctor's information.

9.0 NOTE: EMPLOYEE INCIDENT REPORTS are made up on the Pink form - in duplicate. (see Employee section of Procedure Manual, page 24.)

SPECIAL INCIDENT REPORT - INSTRUCTIONS

1.0 Incident reports are to be considered as vehicles of information. They are to be used to communicate any unusual occurance or happening involving a patient to a number of different, interested persons.

Areas of Responsibility:

2.0 Employee: (The term "employee" describes any employee of any department of Sonoma State Hospital.) The employee in charge of the patient at the time of the incident, who observes or discovers the incident, makes out the initial phase of the report, filling in the information necessary to clearly explain the situation under the heading "Description of Incident in Detail", and signs where indicated.

3.0 Charge: When the incident occurs on or adjacent to a ward, the ward charge is responsible in an overall sense for seeing the Incident Report is completed according to existing rules and regulations by the parties properly concerned with supplying information required, that the proper persons are informed of the incident, that the correct distribution of the report is made, and that all who may be concerned with preparing an incident report are informed of the proper procedure. When the incident occurs outside of a ward area, this responsibility shall rest with the Supervisor.

4.0 Supervisor: The section "Investigation of Supervisor" is to be completed by the Supervisor in charge of the area (i.e. employee) in which the incident occurs. (i.e. if a patient is working off the ward, the Supervisor of the department to which the patient is entrusted is responsible for filling in the information obtained as a result of the investigation.) If the patient is on detail on a ward outside the supervision of the patient's assigned (home) ward Supervisor, the Supervisor of the ward on which the incident occurs is responsible for the "Investigation of the Supervisor".

5.0 Physician: The ward physician is to be notified and will fill out the "Physician's Report" on the Incident Report, except as follows:

A. If the ward physician is not on duty, his/her relief, or the O.D. is notified and fills out the "Physician's Report".
B. If an incident occurs involving an injury to the patient which requires immediate attention of a doctor, and the Ward Physician is not available, the most readily available physician is to be summoned. (Usually this will be the O.D.) In this instance, if the physician summoned treats the patient, or gives orders pertaining to treatment, this physician will fill out the report.

Distribution:

6.0 The report is to be made out with an original and three copies. After the employee completes filling in the necessary information, the third copy is immediately sent to Dr. Nelson's office. The remaining original and two copies are then made available to the proper Supervisor for completion of their investigation, who then makes them available to the Physician for completion of his/her report.

IS/89

INDIVIDUAL PROFILE SHEET

To be filled out and transferred with patient.

DATE _____

TO: Ward # _____

FROM: Ward # _____

COMMENTS:

_____

_____

_____

HOSPITAL #	
NAME	
COUNTY	
AGE	
I. Q.	
PLACID-UNSTABLE-PSYCHOTIC	
DISTURBED--CONSTANT-PERIODIC	
EPILEPSY -- YES - NO	
EPILEPSY CONTROL GOOD - FAIR - POOR	
CHRONICALLY ILL YES - NO - COMP.	
EATING HABITS FED - FEDS SELF	
AMBULATION WELL - LIMPS - CRAWLS	
CRUTCHES - WALKER (MECH.)	
WHEELCHAIR - BED	
ATTENDS SCHOOL CLASSES YES - NO	
SUITABLE FOR SCHOOL YES - NO	
HELPS WITH WARD WORK GEN'L - SIMPLE	
OFF WARD WORKER YES - NO - SUPV.	
SUITABLE FOR OUTSIDE PLACEMENT YES - NO	
ENGAGED IN REHAB. PROGRAM YES - NO	
COMPATIBLE TO UNIT YES - NO	

TRANSFER OF PATIENTS - WARD TO WARD

1.0 Transfer slips originate on the patient's home ward.

1.1 The transfer slip is made out by the Ward Physician, then sent to the Physician in charge of the ward to receive the patient, who must approve the transfer.

2.0 After these two signatures are obtained, the transfer slip is sent to the Director of Pre-Admissions, who will approve or disapprove the transfer, depending upon current vacancies, anticipated vacancies, and the pre-admission list.

2.1 If the transfer is approved and signed it is then sent to Central Nursing Office.

3.0 Central Nursing Office will then notify the sending ward to complete the transfer. Normal procedure will see transfers completed only on Tuesdays. (R. & T. Unit refer to para. 11.0 of Admission Policies in "Patient" section.)

3.0 No transfer shall be effected prior to the receipt of the appropriate transfer request.

4.0 When the Technician's Daily Report is made up, all transfers are noted, the receiving ward shows an increase in population, the sending ward shows a decrease. (See page 51, para. 14.0 and 15.0)

4.1 These changes are then reported by Central Nursing Office to all departments concerned the next day so they are aware of the movement of patients in the Hospital.

5.0 Upon transfer of a patient an Individual Profile sheet is made up. Any recent changes in the patient or current activities of the patient are noted and this sheet must accompany the patient when transferred to the new unit. (See Sample - page 24 A)

5.1 Profile sheets are exactly what they say. They are made up on the ward by the Charge and Technicians and should give a quick over-all picture of the patient's ability, character, physical and mental status, etc.

GROSS EMERGENCY -- (USE OF TELEPHONE FIRE ALARM ALERT--Dial 7)

1.0 "GROSS EMERGENCY" is defined as a situation, other than fire or explosion, where the life or limb of a human being is endangered.

A. All telephone operators are instructed to report the use of Dial "7" for "gross emergency", in writing, to the Business Services office.

2.0 Recently an emergency occurred in which the personnel concerned were unable to contact the telephone operator immediately. The delay might have cost the life of a patient.

A. To prevent a re-occurrence of a similar incident, the telephone operator's immediate attention to any "gross emergency" may be attracted by dialing "7" (the Fire Alarm Alert). Dialing "7" rings an alarm bell at the Switchboard and all operators are instructed to answer this call at once.

B. The use of Dial "7" procedure for any other purpose than to report a fire, an explosion or a "gross emergency" is strictly prohibited.

EMERGENCY PROCEDURE FOR WARDS

1.0 Any unusual circumstance or activity that seems to threaten the safety and security of the ward unit; such as:

A. Any catastrophe threatening the security of the ward unit.

B. A violent injury to either patient or employee.

C. A possible riot.

D. A serious accident involving either patient or employee.

2.0 The person or persons aware of the situation should immediately DIAL THE TELEPHONE OPERATOR to inform her of the emergency so she can secure aid to deal with the emergency.

A. The telephone operator will also inform Nursing Service Office of the existing emergency.

3.0 NOTE: Reporting of FIRE and CALLING MEDICAL O.D. have their own procedure.

See next page for GROSS EMERGENCY

TECHNICIANS' DUTIES REGARDING PATIENT CARE

TO SECURE THE SERVICES OF A PHYSICIAN FOR THE WARD

1.0 The ward physician is to be called on weekdays between 8:00 a.m. and 4:30 p.m.

A. If the ward physician can not be located in a reasonable time the relief physician for the particular ward should be called.

2.0 If neither of these physicians can be reached then the Medical O.D. is to be called.

A. To secure the services of the Medical O.D. call the telephone operator to find out who is Medical O.D. and have her locate the proper physician.

MEDICAL OFFICER OF THE DAY

1.0 The Medical Officer's tour of duty is between the hours of 4:30 p.m. and 9:00 a.m. the following day and he is responsible for the welfare of all the patients in the Institution.

A. In addition, on Saturdays, Sundays and legal holidays the Medical O.D. is responsible for the Institution from 9:00 a.m. on the day in question to 9:00 a.m. on the following day.

B. Calls for the Medical O.D. between the hours of 4:30 p.m. and 9:00 a.m. shall be routed through the Supervisors' office.

SONOMA STATE HOSPITAL - ELDRIDGE, CALIFORNIA

Date: _____

In taking this patient to my home for work or recreation purposes I agree to pay the wage set (____per hour) by the Institution, and also to furnish meals if patient is not returned by meal time, I understand that I am fully responsible for the proper care and supervision of this patient while he/she is off the institution grounds. I CERTIFY THAT THE VEHICLE USED TO TRANSPORT PATIENTS IS COVERED BY PL/PD INSURANCE.

NAME of PATIENT _____ Signature _____
Employer

WARD _____ ADDRESS _____

TYPE OF WORK _____ PHONE _____

_____ _____ _____ Approved by: _____
Time Out Time In No. Meals Supervisor

_____ _____ _____
Hrs. Worked Wages per hour Amount paid

Received by _____

PATIENT WORKING OFF GROUNDS - REGULATIONS

POLICY FOR OFF GROUNDS WORK FOR PATIENTS

1.0 All patients are to be signed out at Thompson Cottage (#66), for the present, for weekend work or allowed-holiday work. No patients are to be assigned to outside work on Hospital Policy approved holidays. These are: New Year's Day, Easter Sunday, July 4th, Thanksgiving Day, and Christmas.

1.1 The Supervisor in charge of Thompson, or his relief, will sign all weekend patients out until 9:00 a.m. No other person is to sign patients out. Patients leaving grounds after 9:00 a.m. will be signed out at Central Nursing Office. All sign-out slips will be brought to Central Nursing Office at 9:00 a.m.

1.2 All patients will be allowed only two off-grounds work days per week unless cleared by ward team and approved by Assistant Superintendent Psychiatric in charge of the section.

1.3 Industrial placement patients may go out on a weekday if it is their day off. These patients are to be signed out at Central Nursing Office. A list of patients assigned to industrial placement and their days off will be kept at Thompson and Central Nursing Office - (as prepared by Industrial Service).

PAYMENT

2.0 The rate of pay has been established at $3.00 per 8 hour day, or 50¢ per hour. All time will be figured on portal to portal basis. A half hour may be deducted for lunch. Patients are to be returned before 4:30 p.m. to Central Nursing Office. Anyone returning a patient after 4:30 p.m. must feed the patient his supper or pay $1.50 charge when paying for patient's work day.

2.1 All fees are to be paid when patient is returned. No credit is to be granted any employer unless cleared by ward team and approved by the Assistant Superintendent Psychiatric.

RESPONSIBILITY

3.0 The employer signing for the patient is responsible for the patient. A member of the employer's family may return the patient and pay the fee, but the patient is not to be turned over to another employer after being signed out.

3.1 Employer is asked to state type of work to be done, when signing patient out; and to write a short evaluation of patient's ability when patient is returned.

NOTE!

4.0 Any variation of above rules on part of any employee will be subject to disciplinary action. Any variation by anyone other than an employee may result in possible legal action and the individual will be barred from taking advantage of this arrangement in the future.

MONTHLY REPORT ON RESTRAINT AND SECLUSION

SONOMA STATE HOSPITAL

(Institution) (Ward) (Sex) (Month) (Year)

Day of Month	Medical Restraint		Supportive Restraint		Behavioral Restraint		Total Restraint		Seclusion	
	No.	Hrs.	No.	Hrs.	No.	Hrs.	No.	Hrs.	No.	Hrs.
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
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25										
26										
27										
28										
29										
30										
31										
Total										

SSH Form No. NS/2, Rev.

DUPLICATE

STATE OF CALIFORNIA

DEPARTMENT OF MENTAL HYGIENE

SONOMA STATE HOSPITAL

(Institution for Mental Defectives)

MONTHS

HOURS OF RESTRAINT PER 24-HOUR DAY

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
																							6	0	0	0	8	0	2	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Ward #56 - Lux Date 8-15-58 Hour 3:30 p.m.

Patient's Name Jane Doe Case No. 24680

Form of Restraint Used Camisole

Name of Physician Ordering Restraint Dr. J. L. Smith

Reasons for Restraint *(A mere statement of violence or quarrelsome tendencies will not be sufficient; detailed reasons must be given):*

(Employee will repeat the information given under this heading on page 1)

[Signed] _____
Charge Attendant
(or technician in charge)

DATE	FORM OF RESTRAINT	PHYSICIAN'S MONTHLY COMMENT
6-30 1st Month	Camisole	The charge technician will send this
7-31 2nd Month	Camisole	form to the physician each month for
8-30 3rd Month	Camisole	comment.

THIS SHEET IS KEPT ON WARD

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RESTRAINT ORDER AND REPORT

Whenever a patient's physical activity is limited by mechanical means, a restraint order and report must immediately be made out. The original must be delivered to the Superintendent as soon as possible after application of restraint. Duplicate will be retained in the ward and used to report continuation and removal of restraint.

The use of the following constitute restraint: Camisole, mittens, anchoring belt to chair or bench, wristlets, anklets, tie jackets and restraining sheet.

Ward #56 - Lux Date 8-15-58 Hour 3:30 p.m.

Patient's Name Doe, Jane Case No. 24680

Form of Restraint Used Camisole

Name of Physician Ordering Restraint Dr. J. L. Smith

Reasons for Restraint *(A mere statement of violence or quarrelsome tendencies will not be sufficient; detailed reasons must be given):*

Jane Doe is an epileptic patient. Following a seizure at 3:00 p.m. she became very disturbed, throwing chairs and pulling the hair of other patients. There are no single rooms on this ward in which she could be secluded. To protect property and other patients restraint was necessary.

[Signed]
Charge Attendant
(or technician in charge)

Psychiatric or Surgical Reasons for Restraint

To be filled in by the physician.

Date [Signed]
SEND TO WARD DOCTOR FOR HIS SIGNATURE
Physician

121 10-57 3500 DUP ① SPO

THIS HOSPITAL STANDARD PROCEDURE CANCELS AND SUPERSEDES THE WARD PROCEDURE AND ROUTINE MANUAL, PAGES 25-31, DATED MARCH, 1951, WHICH SHOULD BE DESTROYED. EFFECTIVE OCTOBER 1, 1957, UNTIL RESCINDED, REVISED, OR REPLACED.

Attachments:

Restraint Order and Report, Original and Duplicate, SSH Form NS/78
Technician's Daily Report, SSH Form NS/1, Rev.
Monthly Report on Restraint and Seclusion, SSH Form NS/2, Rev.
Report on Number of Persons Restrained and Secluded, with Types of Restraint and Hours, by Ward, SSH Form MR/45, Rev.
Mentally Retarded, California Department of Mental Hygiene Monthly Report on Restraint and Seclusion, DMH Form 11/18/52/2C, Rev.

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WCK:am